Care Quality Commission

StBenetsRCG Ltd

St Benets Court

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
St Benets Court is a large detached residential home providing personal care to 25 people at the time of the inspection. The service can support up to 32 people. Accommodation is situated over three floors, and almost all bedrooms have en-suite facilities. People have access to communal space and pleasant gardens.

People's experience of using this service and what we found
Everybody living at St Benets Court had a care plan in place, however, these were not always fully completed and there was limited information about how to care for people at the end of their life. Work was ongoing to improve care plans and to ensure they fully reflected the individual person's needs and choices, and the provider had recently employed a consultant to ensure this work was completed. At the time of inspection good progress had been made.

People were not always supported to make meaningful choices at mealtimes; people were asked to choose their meal up to three days in advance, and on the second day of inspection some of the people we observed did not enjoy a positive mealtime experience. However, people were supported to maintain a balanced diet and gave positive feedback about the quality of the food and since the inspection changes have been made to the mealtime experience.

We recommended that the service considers how they can support people to make more meaningful choices at mealtimes.

People living at St Benets Court told us they felt safe, and systems were in place to safeguard them from avoidable harm. There were enough staff to meet people's needs, although at times staff workload was high, which affected morale. The manager reflected that the nationwide staffing crisis had affected them, but that they were beginning to see improvements. Staff morale had improved, and the changes in management were beginning to have a positive impact on the culture and atmosphere.
Staff were recruited safely.

People's individual risks were assessed and reviewed, and people received their medicines safely. Environmental risk assessments were completed, areas for improvement were identified and measures were in place to prevent and control infection. People's care plans identified an outcome and focused on their strengths, before telling staff what they could do to help.

External healthcare professionals were involved where appropriate, and, whilst feedback from healthcare professionals was mixed, concerns raised had been addressed and improvements had been noted. Staff had appropriate training and knowledge and additional training was being implemented to ensure all recently employed staff members completed a thorough induction programme.

People were treated with kindness and respect and we saw warm, caring relationships between people and

staff. One person told us, "They do look after you here." Another said, "They're very good here, they really care." People were supported to express their views informally, through residents' meetings and through 'comfort meetings', which were a regular part of the manager's quality assurance checks.

On the first day of inspection people told us how much they had enjoyed the garden party the previous day. One person told us, "It was brilliant." Another said, "We all got up and danced." A third told us "We all had a good time." People had given feedback about activities via the comfort meeting process, and the manager had acted on this feedback. Systems were in place to record, investigate and respond to complaints or concerns and people, family members and staff all told us they felt comfortable raising concerns.

The provider had identified that improvements to the oversight and management of the home had been needed. This had resulted in changes being made at management level, and a new manager had recently been appointed. A comprehensive audit and quality oversight system was in place and outcomes of these audits reflected what we saw, and what staff told us. Staff morale had begun to improve, and the changes in management were beginning to have a positive impact on the culture and atmosphere. Systems were in place to monitor and drive improvement and managers sought to learn lessons from things that had gone wrong. Records demonstrated good partnership working and appropriate involvement of health professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
This service was registered with us on 19/09/2019 and this is the first inspection.
The last rating for the service under the previous provider was good, published on 16 November 2017.

Why we inspected
The inspection was prompted in part due to concerns received about staffing levels, staff knowledge, morale and attitude, pressure area management, medication records and communication. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective and Well Led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe	**Good**
Is the service effective? The service was effective	**Good**
Is the service caring? The service was caring	**Good**
Is the service responsive? The service was not always responsive	**Requires Improvement**
Is the service well-led? The service was well led	**Good**

Care Quality Commission

St Benets Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector.

Service and service type
St Benets Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We carried out site visits on day one and day two of the inspection. We spoke with seven members of staff including a senior manager, the manager, the deputy manager and care staff. We spoke with eleven people and spent time with people in the communal lounge. We observed people eating their lunch on the second day of inspection. We reviewed a range of records, including four people's care plans and risk assessments. We checked an additional eleven care records for specific details, such as how often they had been reviewed and end of life care plans. We reviewed records relating to recruitment, training and staffing levels. We reviewed records relating to medicines, safety and maintenance.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records, meeting records and the providers policies. We asked an additional two professionals for feedback. We spoke with a further four staff members and with five people's family members.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
●In the months prior to our inspection there had been a number of safeguarding concerns raised by other health professionals and people's families. Concerns had also been raised anonymously with CQC, and we had referred them to the Local Authority. These concerns related to staffing levels, staff knowledge, morale and attitude, pressure area management, medication records and communication.
●The majority of these concerns were not progressed under the safeguarding process. The provider had, however, identified a number of quality issues and had taken action to address them. The home was working openly with the Local Authority whilst improvements were made.
●Staff had received safeguarding training and felt confident that the manager would act on any concerns raised. Staff had the facility to raise anonymous concerns directly with senior management via a communication app.
●People and their families told us they felt safe.

Staffing and recruitment
●There were enough staff to meet people's needs, however, some staff were working excessive hours and their workload was high.
●A comprehensive and detailed dependency tool was used to determine staffing levels. This was reviewed regularly, and most staff told us that the planned staffing levels were sufficient.
●Staff and managers told us there were times when staff numbers fell below the planned levels due to sickness, and a shortage of permanent staff available to cover this.
●Whilst these issues had affected staff morale, staff told us this had begun to improve, they felt people's needs were met, and that they received safe care.
●Staff were recruited safely, and the provider continued to seek to employ new staff. The manager reflected, "The nationwide staffing crisis has affected us like it has other homes in the country, the home is working hard to raise recruitment and staff morale." One staff member told us, "It's the same everywhere, it's a struggle to get care staff."

Learning lessons when things go wrong
●Systems were in place to review safety incidents, concerns and near-misses and senior managers were automatically alerted to any new incidents.
●Thorough reviews of incidents were completed by a member of management at a level appropriate to the incident. For example, a recent medication error which resulted in a person missing an important medicine for several weeks had been reviewed by a senior manager. As a result of this review they were considering changing their medication administration system, to minimise the risk of the error happening in future.

●Staff understood their responsibility to raise concerns and told us they felt comfortable doing so.

Assessing risk, safety monitoring and management
●Risks were assessed, monitored and managed well.
●People's individual risks, such as the risk of pressure damage, were assessed and regularly reviewed.
●Staff were given clear guidance as to how to manage the risks. For example, one person's diabetes care plan said 'Staff need to remain vigilant for sweating, tingling mouth, dizziness or vomiting. Remain vigilant for sores, in particular between feet and toes.' A link to a diabetes website was included for further information.
●Environmental risk assessments were completed and areas for improvement identified. For example, the manager had identified the laundry area required refurbishment and this had been added to the service improvement plan.
●Equipment was properly maintained and contracts were in place for servicing equipment.
●Systems were in place to manage the risk of fire. New staff received fire training as part of their induction and regular fire tests and drills took place.

Using medicines safely
●People received their medicines safely, however, records relating to administration of topical creams were not always fully completed. The manager had identified this as an area that required improvement, and work was ongoing to ensure all records were completed correctly, including refresher training through supervision.
●Staff administering medicines had been trained and assessed as competent to do so.
●Where medicine errors occurred, the manager and senior managers took action to understand why it had happened, and to reduce the risk of it happening again.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●People's needs and choices were assessed. Everybody living at St Benets Court had a care plan in place. People's care plans identified an outcome and focused on their strengths before telling staff what they could do to help.
●The electronic care planning system automatically detailed the outcome of people's individual risk assessments within the appropriate care plan. This meant staff could clearly see people's risk levels when assessing and reviewing their needs.
●Where people needed staff to help them, care plans gave clear instruction. For example, one person's care plan contained clear instructions around the assistance they needed to manage their catheter.
●Work was ongoing to increase the breadth and depth of people's care plans and to transfer all care plans to their electronic system.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●People were being supported in line with the Mental Capacity Act.
●Capacity assessments were completed where appropriate, including for specific decisions.
●Best interest decisions were made in conjunction with other health professionals and the outcomes of these clearly recorded.
●One person was being very well supported in relation to a specific decision. Staff had been working with the person over a period of time to fully establish their capacity in relation to the decision. Good records of observations were kept to share with health professionals as part of the best interest decision making

process.

Staff support: induction, training, skills and experience
●Staff had sufficient training, skills and experience to meet people's needs.
●The company provided a comprehensive induction programme including thorough competency assessments which covered 20 key areas of care delivery.
●The manager, who was new in post, was unsure if all staff who had been recruited under previous management had fully completed this training and took the decision to repeat the induction with some staff.
●The home's training matrix indicated a high level of completion and staff told us they completed regular training, however some felt it could be more detailed. One staff member told us they had completed an induction "all be it brief". Another said they had completed training, "But think we need it more regularly so people can be more up to date."
●The manager recognised that not all training had been delivered in line with company standards and was working to ensure all staff had completed the appropriate training.

Supporting people to eat and drink enough to maintain a balanced diet
●People had enough to eat and drink. People's food and fluid intake was monitored where needed.
●Where people needed extra support to manage their diet this was detailed in their care plan. For example, one person's care plan said they 'should be encouraged by staff to manage their diet and eat healthy alternatives to sugary snacks, [person's name] has a high BMI and needs support from staff to learn about the effects of a high BMI on their health'.
●People gave positive feedback about the quality of the food. One person said their lunch was, "lovely, beautiful."
●At the time of inspection, nobody needed a modified diet due to swallowing difficulties. The cook was able to tell us how they would prepare food should a person require it, including fortifying food to increase the calorific value.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●Referrals to healthcare professionals were made where appropriate.
●People were involved in their own care. On the first day of inspection one person told us they had spent time reviewing their care plan with a member of staff that morning.
●We received mixed feedback from health professionals. One raised concerns about people not receiving adequate personal care, people not being dressed appropriately, the telephone not being answered, staff attitude, and rooms being untidy. These concerns had been raised previously as part of the safeguarding process. A health professional had visited St Benets Court on 12th August 2021 to review people in light of concerns raised and commented that, "General cleanliness of the whole home had improved, there was an improved atmosphere and staff appeared happier. There has never been any staff rudeness witnessed."
●We spoke with a health professional on the first day of our inspection. They told us they were happy with the progress the four people they had seen were making, that staff were friendly and knowledgeable, and they had no concerns about the care people were receiving.
●Care records detailed other professionals' input, for example, one person's skin care plan said they had wounds on their leg which were being monitored by the community nurses, their notes said 'DN really pleased with them this week.'

Adapting service, design, decoration to meet people's needs
●People's bedrooms were large, and they were able to personalise them with their own belongings.

●Staff made changes to the environment where possible to accommodate people's individual needs. For example, on the second day of inspection we saw some changes had been made to the communal lounge to make a nice space for a person who liked to sit and complete wordsearches. Another area had been arranged for four people who liked to sit together.
●People had access to a safe garden space. They used this space for a garden party the day before our first visit, which people told us they had enjoyed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence
●People were treated with kindness and respect.
●People were supported discretely and encouraged to be independent. The company had a policy, 'involving people', which said; 'keyworkers should identify ways their key resident can be involved and contribute. Areas where residents are involved include but are not limited to: Resident meetings, folding napkins, tea towels, laying the dining room, watering plants.'
●We observed kind, caring and respectful relationships between people and staff. One person told us, "They do look after you here." Another said, "They're very good here, they really care."
●We received positive feedback from family members. One told us a senior staff member was "always brilliant" and that they could tell another staff member "really cares."
●Staff spoke fondly of the people they cared for. One staff member told us, "I love them, everybody is happy." Another showed us photographs of the garden party they had organised. People and staff were dancing together, and people were laughing and smiling.

Supporting people to express their views and be involved in making decisions about their care
●People were involved in planning their own care and their views on the care they received were sought.
●Residents meetings were held periodically to gather feedback.
●The managers audit system included 'comfort meetings' with a sample of people each month. During this meeting they asked a range of questions to gather feedback around food, activities, care, care planning, their own room and access to information.
●During recent comfort meetings people had commented that they would like more social interaction, and the manager was working on improving this area including recruiting a new activities coordinator.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

●People had care plans in place, however, these had not been regularly reviewed and not all care plans were fully completed.
●Six care plans we looked at contained no information about how to care for people at the end of their life.
●People were not given meaningful choices at mealtimes. Only one main meal was offered at lunchtime and people were asked if they wanted this meal, or an alternative such as a jacket potato or salad, up to three days in advance. This meant most people had forgotten what they had ordered by the time the meal came around, and there was little opportunity for people to change their mind depending on how they felt that day.
●On the second day of inspection we observed people eating lunch in the dining room. There was a whiteboard displaying the days meal in the hallway, however, there were no menus on the tables and when we asked people what they were having for lunch nobody knew.
● When the meals arrived, one person said, "No thank you, none of that for me, I didn't even know what was coming." The care assistant encouraged the person to eat the meal but did not offer an alternative meal when they refused. We intervened to ensure the person had a meal.
●Only one dessert was offered to people in the dining room, and the care staff didn't check to see if people were happy with it, or if they would have preferred an alternative. One person said, "I don't really like chocolate, but I'll eat it."

We recommended that the service considers how they can support people to make more meaningful choices at mealtimes.

●The manager had made some recent improvements at breakfast time to support people to make more choices, including cereals on display for people to see and butter and marmalade on the tables so people could help themselves.
●Following the inspection, the manager shared the results of a survey they had completed to gain people's view of the food quality and variety of main meals provided. Comments included, "I'm very happy with the food." "Everything is very nice and edible." And "I think it [the menu] is quite good really."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
●Audit systems had identified that this was an area that required development. People had given feedback that they would like more opportunity to engage in activities and interests, one person said "I get bored."

●The manager was taking action to address this issue, which in part was a consequence of staffing availability. A new activities co-ordinator was being recruited.
●On the first day of inspection people told us how much they had enjoyed the garden party the previous day. One person told us, "It was brilliant." Another said, "We all got up and danced." A third told us, "We all had a good time."
●On the second day of inspection we saw people engaging in a quiz. There were books and puzzle books available and the atmosphere was social and happy.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
●People were supported to communicate in a way that suited them, and care plans contained information to help staff understand people's communication needs.
●One person's care plan said, "I can verbalise and understand spoken language but if I don't understand I will laugh and giggle, my understanding can sometimes be limited so please keep interactions simple and don't over complicate communication."
●We observed one person being supported to communicate with written words. A member of care staff took the time to use a set of printed words to ask if the person was ok and gave them time to respond.

Improving care quality in response to complaints or concerns
●Systems were in place to record, investigate and respond to complaints or concerns.
●People, family members and staff all told us they felt comfortable raising concerns, and that they felt they would be listened to.
●A family member who had raised concerns about some elements of the care provided told us that the manager had been in contact with them and work was being done to resolve these concerns.
●The manager and senior managers were working openly with the Local Authority to address quality concerns that had been identified.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
●The provider had identified that improvements to the oversight and management of the home were needed. This had resulted in changes at management level, and a new manager had recently been appointed; they had applied to the Care Quality Commission to be registered.
●A comprehensive audit and quality oversight system was in place. Outcomes of these audits reflected what we saw, and what staff told us.
●Where areas for improvement were identified, they were monitored by the manager and by senior managers using a service improvement plan.
●Managers and staff were clear about their roles, and staff told us they felt things were improving. One member of staff told us the new manager was "brilliant" and had been "so supportive". Another said they were "amazing" and a third said they were, "Grateful she has come along to support us. I feel confident things are moving in the right direction."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●Policies, procedures and systems within the home all placed people at their centre, however, they had not all been implemented effectively at St Benets Court. For example, the providers policy was clear that people should be given a choice at mealtimes, however that was not happening in practice.
●The weekly menus were agreed at group level, and all seven homes in the care group followed the same menu with the exception of a Tuesday, when the cook could change the meal. This meant people had limited opportunity to contribute to the menu content. The Provider told us, "The base menu can be varied by the chef if they wish to." However, staff at St Benet's were not aware this was the case.
●Staff morale had improved, and the changes in management were beginning to have a positive impact on the culture and atmosphere.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care
●Systems were in place to monitor and drive improvement and managers sought to learn lessons from things that had gone wrong.
●At the time of inspection, the provider had taken the decision to voluntarily suspend admissions to the home in order to make the improvements required.

●Appropriate notifications had been made to CQC.
●Family members told us that communication had improved recently, and that they felt confident they would be informed if something went wrong. One family member told us that they had been informed of a pressure sore their loved one had developed and that the home had told them they notified the Local Authority regarding this.

Working in partnership with others
●Records demonstrated good partnership working and appropriate involvement of health professionals.
●The home shared information with other professionals when required, and we saw good records being kept in order to feedback to mental health professionals as part of a best interest decision making process.
●Where external health professionals had raised concerns, managers investigated and acted on them appropriately.